

As per UNICEF, while infant mortality has reduced from 149 to 56 in Bangladesh during the period 1960 to 2004, the corresponding figures for India are 146 and 62. The position of Sri Lanka however is on a higher plane of achievement with the corresponding figures being 83 and 12. According to World Health Report 2006, out of pocket expenses is high in India where as a % of total health expenditure it is 72.9 as compared to 48.9 in Sri Lanka and 58.9 in Bangladesh.

(b) Despite higher GDP growth rate in India, the higher figures of maternal and infant mortality are on account of several factors which include *inter-alia* inadequate public health delivery system, low levels of literacy, awareness, nutrition, high levels of anemia among children, low age of marriage and at first child birth, low rates of institutional deliveries and coverage under immunization.

(c) Public healthcare particularly primary healthcare in India is accessible free of cost to all sections of population including the poor and the vulnerable. However, the public healthcare infrastructure has not been fully functional due to inadequate manpower, drugs and other facilities. It is to architecturally correct the existing shortcomings in the healthcare delivery system that the Government has launched the National Rural Health Mission in April, 2005 to provide accessible, affordable and equitable healthcare to the rural population including the vulnerable group. Specific mechanisms are being put in place to meet the critical gaps in manpower, availability of drugs and appropriately upgrade the existing state of health infrastructure at different levels of healthcare i.e. Sub-centres, PHCs, CHCs and the District Hospitals.

Deaths due to various diseases

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SHRIMATI PREMA CARIAPPA.

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government are aware that according to a recently conducted survey, 15 to 35 per cent of young boys and girls in north-east

†Original notice of the question was received in Hindi.

die of AIDS, malaria and use of drugs and only 50 per cent children remain alive upto the age of 15 years;

(b) whether Government are also aware that hypertension and the rate of death of mother and child during maternity is also very high; and

(c) if so, the steps being taken by Government in this regard?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) As per available data for the year 2003, the crude death rate in North-Eastern States range from 4 to 9.1. in comparison to 8.0 at the national level. Out of a total number of 10,224 reported AIDS deaths since the inception of the programme, 750 (7.3%) deaths are from North-Eastern states. A total of 251 (21%) deaths out of total 960 deaths due to malaria have been reported from North-Eastern States during 2005.

(b) Based on the official estimates of Registrar General of India, the maternal mortality ratio has declined from 407 in 1998 to 301 per 100,000 live births in 2003.

(c) Government of India is actively pursuing under the National Rural Health Mission (NRHM) to reduce the maternal mortality in the country In order to improve the availability of and access to quality healthcare including services for immunization and safe motherhood. The mission seeks to provide effective healthcare to rural population throughout the country with special focus on 18 States, which have weak public indicators/or weak infrastructure. These States are Arunachal Pradesh, Assam, Bihar, Chhattisgarh, Himachal Pradesh, Jharkhand, Jammu and Kashmir, Manipur, Mizoram, Meghalaya, Madhya Pradesh, Nagaland, Orissa, Rajasthan, Sikkim, Tripura, Uttaranchal and Uttar Pradesh. The Mission will operate over a period of seven years from 2005 to 2012 Under NRHM, Janani Suraksha Yojana is being implemented for reducing maternal and infant mortality and promoting institutional deliveries The appointment of ASHA for every village is also being implemented for accessing healthcare services to the community. Two thousand community health centres are being operationalised for providing emergency obstetric care.